



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 02/28/2019

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 595792

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 02/23/2018

Formation Locale: ID

Name and Mailing Address:

CO DURFEE HAVEN, LLC

PO BOX 455

ALBION, ID 83311

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

JUDY TEETER

1355 E 1750 S

MALTA, ID 83342

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Darlene Erickson	P.O. Box 455	Albion, Id 83311
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Gerry Hatfield	P.O. Box 455	Albion, Id 83311
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Judy Teeter	PO Box 455	Albion, Id 83311
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joyce Wetenkamp	PO Box 455	Albion, Id 83311
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Helen Kowitz	PO Box 455	Albion, Id 83311
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Darlene Erickson

(6) Date:

March 18, 2019

(7) Type/Print Name:

Darlene Erickson

(8) Title:

Member

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0167-7710 03/20/2019 9:32 AM Received by ID Secretary of State Lawrence Denney